

M.D.

Prop 94, 95, 96, 97

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | |
|---|---------------------------------------|---|--|---|
| NAME OF FILER United Auburn Indian Community of the Auburn Rancheria | | Date of This Filing 01/31/2008 | Date Stamp | CALIFORNIA FORM 497 For Official Use Only R |
| AREA CODE/PHONE NUMBER (916) 244-8550 | ID. NUMBER (if applicable) 1246083 | Report No. 155007515 | RECEIVED AND FILED in the Office of the Secretary of State of the State of California JAN 31 2008 | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | DEBRA BOWEN Secretary of State |
| CITY Rocklin, CA 95765 | STATE ZIP CODE | No. of Pages 1 | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|---|------------------------|-------------------------------------|
| 01/30/2008 | Tribes for Fair Play (#1300196) Sacramento, CA 55814 | | 1,000,000.00 | 02/05/2008 |
| 01/31/2008 | Tribes for Fair Play (#1300196) Sacramento, CA 55814 Non-Monetary - Consulting Services of Streets Communications | | 3,000.00 | 02/05/2008 |
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Reason for Amendment: _____

MP

94-97

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

| | | | | |
|---|--|---|--|--|
| NAME OF FILER Pala Band of Mission Indians and affiliated entity Pala Casino | | Date of This Filing 01/31/2008 | RECEIVED AND FILED in the office of the Secretary of State of the State of California Date Stamp JAN 31 2008 DEBRA BOWEN Secretary of State No. of Pages <u>1</u> | CALIFORNIA FORM 497 For Official Use Only R |
| AREA CODE/PHONE NUMBER (916) 443-6911 | I.D. NUMBER (if applicable) 1242839 | Report No. 162401-11 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Pala, CA | STATE CA | ZIP CODE 92059 | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|--|--|------------------------|----------------------------------|
| 01/31/2008 | Tribes for Fair Play, No on 94, 95, 96, & 97 (N1300196) Sacramento, CA 95814 Non-Monetary - Consulting Services of Elmetz Communications | Tribes for Fair Play No on 94, 95, 96, 97 | 3,000.00 | 02/05/2008 |
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Reason for Amendment: _____

Prop 94-97

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | |
|--|--|---|---|--|
| NAME OF FILER Bay Meadows Land Co. & its Affiliated Entities, including Hollywood Park Land Co., Bay Meadows Main Track Inv., Hollywood Park & Bay Meadows Race Tracks, & Race Tracks, Inc. (dba Hollywood Park) Estate Fund | | Date of This Filing 01/31/2008 Report No. 3 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 1 | RECEIVED AND FILED Date Stamp JAN 31 2008 DEBRA BOWEN Secretary of State | CALIFORNIA FORM 497 For Official Use Only R |
| AREA CODE/PHONE NUMBER 1261 770 | | | | |
| STREET ADDRESS CITY San Francisco, CA ZIP CODE 94111 | | | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|--|--|------------------------|----------------------------------|
| 01/31/2008 | Californians Against Unfair Deals (#1300272) Sacramento, CA 95814 Non-monetary (made by Bay Meadows Racing Association) | Measure 94, 95, 96, 97 Statewide | 3,125.00 | 02/05/2008 |
| 01/31/2008 | Californians Against Unfair Deals (#1300272) Sacramento, CA 95814 Non-monetary (made by Hollywood Park Racing Association) | Measure 94, 95, 96, 97 Statewide | 3,125.00 | 02/05/2008 |
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Reason for Amendment: _____

MD

Prop 94-97

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | |
|--|--------------------------------------|--|---|---|
| NAME OF FILER Bay Meadows Land Co. & its Affiliated Entities, including Hollywood Park Land Co., Bay Meadows Main Track Inv., and Hollywood Park Main | | Date of This Filing 01/31/2008 | Date Stamp | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE PHONE NUMBER | ID NUMBER (if applicable) 1261770 | Report No. 2 | RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 31 2008 DEBRA BOWEN Secretary of State | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY San Francisco, CA 94111 | | STATE ZIP CODE | | |
| No. of Pages 1 | | | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|--|---|------------------------|-------------------------------------|
| 01/30/2008 | Californians Against Unfair Deals (#1300272) Sacramento, CA 95814 (made by Hollywood Park Land Company) | Measure 94, 95, 96, 97 Statewide | 500,000.00 | 02/05/2008 |
| 01/30/2008 | Californians Against Unfair Deals (#1300272) Sacramento, CA 95814 (made by Bay Meadows Main Track Investors) | Measure 94, 95, 96, 97 Statewide | 500,000.00 | 02/05/2008 |
| | | | | |
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Reason for Amendment: _____

MD

97

496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

| | | | | | | |
|---|--------------------|--------------------------|--|--|--------------------|---|
| NAME OF FILER Bill Bengen (filing as an individual) | | | | Date of This Filing 1-31-8 | Date Stamp | CALIFORNIA FORM 496 For Official Use Only RECEIVED in the office of the Secretary of State of the State of California JAN 31 2008 DEBRA BOWEN Secretary of State |
| STREET ADDRESS (NO P.O. BOX) | | | | Report No. 1 | | |
| CITY El Cajon | STATE CA | ZIP CODE 92019 | AREA CODE/PHONE 619-579-5540 | <input type="checkbox"/> Amendment to Report No. (explain below) | Page 4 of 4 | |
| | | | | No. of Pages | | |

1. List Only One Candidate or Ballot Measure

| | | | | | | | |
|---|---------------------|----------------|---------------|--|--|----------------|--------------------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Proposition 97 | | | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. | SUPPORT | OPPOSE | BALLOT NO./LETTER 97 | JURISDICTION State of California | SUPPORT | OPPOSE X |

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|--------|--|------------|
| 1-30-8 | Purchased campaign signs Vendor: Intermarket Manufacturing Service El Cajon, CA 92019 | \$209.89 |
| 1-31-8 | Purchased newspaper advertisement Vendor: San Diego Union Tribune San Diego, CA 92108 | \$1,188.41 |
| | | |
| | | |

Reason for Amendment: _____

97

MD

96

496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

| | | | | | | | | | |
|--|-------|----------|-----------------|--|--|--|--|--|--|
| NAME OF FILER Bill Bengen (filing as an individual) | | | | Date of This Filing 1-31-8 | | <div> <div>RECEIVED</div> <div>in the office of the Secretary of the State of California</div> <div>JAN 31 2008</div> </div> | | <div> <div>CALIFORNIA FORM 496</div> <div>For Official Use Only</div> <div>RECEIVED AND FILED</div> <div>in the office of the Secretary of State of the State of California</div> <div>JAN 31 2008</div> <div>DEBRA BOWEN</div> <div>Secretary of State</div> </div> | |
| STREET ADDRESS (NO P.O. BOX) | | | | Report No. 1 | | | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE | <input type="checkbox"/> Amendment to Report No. (explain below) | | Page 3 of 4 | | | |
| El Cajon | CA | 92019 | 619-579-5540 | No. of Pages | | | | | |

1. List Only One Candidate or Ballot Measure

| | | | | | | | |
|--|--------------|---------|--------|---|---------------------|---------|--------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED | | | |
| | | | | Proposition 96 | | | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. | SUPPORT | OPPOSE | BALLOT NO./LETTER | JURISDICTION | SUPPORT | OPPOSE |
| | | | | 96 | State of California | | X |

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|--------|--|------------|
| 1-30-8 | Purchased campaign signs Vendor: Intermarket Manufacturing Service El Cajon, CA 92020 | \$209.89 |
| 1-31-8 | Purchased newspaper advertisement Vendor: San Diego Union Tribune San Diego, CA 92108 | \$1,188.41 |
| | | |
| | | |

Reason for Amendment: _____

96

MD

95

496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

| | | | | | | |
|--|-------------|-------------------|---------------------------------|---|--|---|
| NAME OF FILER Bill Bengen (filing as an individual) | | | | Date of This Filing 1-31-08 | RECEIVED in the office of the Secretary of State of California JAN 31 2008 DEBRA BOWEN Secretary of State RECEIVED in the office of the Secretary of State of California JAN 31 2008 DEBRA BOWEN Secretary of State | CALIFORNIA FORM 496 For Official Use Only |
| STREET ADDRESS (NO P.O. BOX) | | | | Report No. 1 | | |
| CITY El Cajon | STATE CA | ZIP CODE 92019 | AREA CODE/PHONE 619-579-5540 | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| | | | | No. of Pages Page 2 of 4 | | |

1. List Only One Candidate or Ballot Measure

| | | | | | | | |
|--|--------------|---------|--------|---|-------------------------------------|---------|-------------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Proposition 95 | | | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. | SUPPORT | OPPOSE | BALLOT NO./LETTER 95 | JURISDICTION State of California | SUPPORT | OPPOSE X |

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|--------|--|------------|
| 1-30-8 | Purchased campaign signs Vendor: Intermarket Manufacturing Service El Cajon, CA 92020 | \$209.88 |
| 1-31-8 | Purchased newspaper advertisement Vendor: San Diego Union Tribune San Diego, CA 92108 | \$1,188.41 |
| | | |
| | | |

Reason for Amendment: _____

95

1/31/2008 8:44 PM FROM: 6196984888 - WRBLAW TO: 19166535045 PAGE: 003 OF 005

MD

94

496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

| | | | | | | | | | |
|---|--------------------|--------------------------|--|---|--|--|--|--|--|
| NAME OF FILER Bill Bengen (filing as an individual) | | | | Date of This Filing 1-31-8 Report No. 1 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages Page 1 of 4 | | RECEIVED Date Stamp JAN 31 2008 DEBRA BOWEN Secretary of State DEBRA BOWEN Secretary of State | | CALIFORNIA FORM 496 For Official Use Only JAN 31 2008 DEBRA BOWEN Secretary of State | |
| STREET ADDRESS (NO P.O. BOX) | | | | | | | | | |
| CITY El Cajon | STATE CA | ZIP CODE 92019 | AREA CODE/PHONE 619-579-5540 | | | | | | |

1. List Only One Candidate or Ballot Measure

| | | | | | | | |
|---|---------------------|----------------|---------------|--|--|----------------|--------------------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Proposition 94 | | | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. | SUPPORT | OPPOSE | BALLOT NO./LETTER 94 | JURISDICTION State of California | SUPPORT | OPPOSE X |

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|--------|--|------------|
| 1-30-8 | Purchased campaign signs Vendor: Intermarket Manufacturing Service El Cajon, CA 92020 | \$209.88 |
| 1-31-8 | Purchased newspaper advertisement Vendor: San Diego Union Tribune San Diego, CA 92108 | \$1,188.42 |
| | | |
| | | |

Reason for Amendment: _____

94